

Foster Family Home - Corrective Action Report

Provider ID: 1-180002

Home Name: Kristel Charm Gabur, CNA

Review ID: 1-180002-5

94-245 Pupukoe Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/22/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.
Approved for increase to 3 bed CCFFH

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 1 large step

Foster Family Home

Records

[11-800-54]


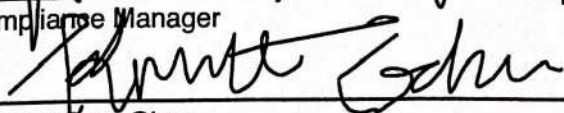
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

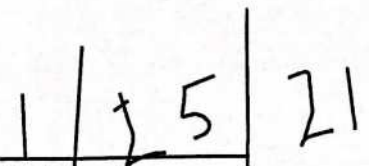
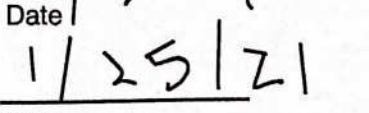
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client #1 has several discrepancies including different [REDACTED] plan

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred


Compliance Manager

Primary Care Giver


Date

Date

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800PCG's Name on CCFFH Certificate: Kristel Charm Gabur

(PLEASE PRINT)

CCFFH Address: 94-245 Pupukoa St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.(a)(4)	Made a small kitchenette accessible by my patients while I hire some people to fix the way to the kitchen so my patients will be able to access the kitchen safely	1/3/21	I have to make sure to follow house regulations for foster home and make sure that anywhere in the house is wheelchair and walker accessible.
54.(c)(2)	I notified my case manager to update the service care plan and to update that my patient is [REDACTED] and not [REDACTED] diet. and also I notified my case manager that there is no order for [REDACTED] everyday but instead only a [REDACTED] ordered by PCP.	1/3/21	I have to make sure to read the service care plan carefully next time and update them every time there is a new order from doctor.
54.(c)(3)	I notified my case manager to update the MAR for my patient that [REDACTED] is ordered by doctor daily and not PRN.	1/3/21	Every time I get a written order from my patients pcop I always have to update my case manager about it so they can change MAR

☒ All items that were fixed are attached to this CAPPCG's Signature: [Signature]Date: 2/10/21☒ CTA has reviewed all corrected items